
State:	Arkansas	Filing Company:	American Republic Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Endorsement - Filing		
Project Name/Number:	SECUR/80/80		

Filing at a Glance

Company:	American Republic Insurance Company
Product Name:	Endorsement - Filing
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	08/03/2012
SERFF Tr Num:	FRCS-128614254
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	5798
Implementation	On Approval
Date Requested:	
Author(s):	Marilyn Odell
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/07/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** American Republic Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Endorsement - Filing
Project Name/Number: SECUR/80/80

General Information

Project Name: SECUR/80 Status of Filing in Domicile: Pending
Project Number: 80 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filing submitted in domicile state (IA) on or about this same date.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Discretionary Overall Rate Impact:
Filing Status Changed: 08/07/2012
State Status Changed: 08/07/2012 Deemer Date:
Created By: Marilyn Odell Submitted By: Sheila Lawrence
Corresponding Filing Tracking Number:

Filing Description:

We have been retained by American Republic Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

The enclosed endorsement will be attached to previously approved form AR-Cert3200, approved 01/23/2012.

Form AR3230(AR)01 modifies the definition of Dependent to cover children to age 26, and also adds a definition of Domestic Partner so that domestic partners will be covered on the same basis as spouses. The form will be included with all new issues, as well as certificates/policies issued prior to the approval of this form.

The endorsement will replace the previously approved state endorsement form number AR3230(AR), approved 01/23/2012.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist marilyn.odell@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2835 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

American Republic Insurance Company	CoCode: 60836	State of Domicile: Iowa
PO Box 1	Group Code: 3527	Company Type:
Des Moines, IA 50306	Group Name:	State ID Number:
(515) 245-2000 ext. [Phone]	FEIN Number: 42-0113630	

State: Arkansas **Filing Company:** American Republic Insurance Company
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form x 1 = \$50
Per Company: No

Company	Amount	Date Processed	Transaction #
American Republic Insurance Company	\$50.00	08/03/2012	61417326

SERFF Tracking #:	FRCS-128614254	State Tracking #:		Company Tracking #:	5798
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/07/2012	08/07/2012

State:	Arkansas	Filing Company:	American Republic Insurance Company
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Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Third Party Authorization	Approved-Closed	Yes
Supporting Document	Certification of compliance	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

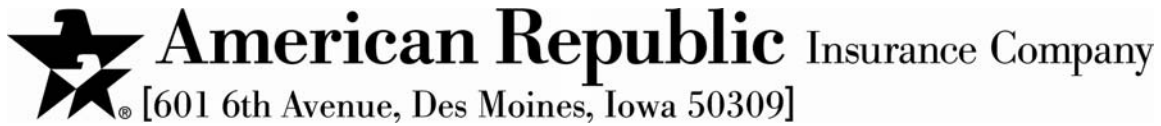
State:	Arkansas	Filing Company:	American Republic Insurance Company
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Form Schedule

Lead Form Number: AR3230(AR)01							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	AR3230(AR)01	CERA	Endorsement	Initial:	50.000	AR3230(AR)01.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



ENDORSEMENT FOR RESIDENTS OF ARKANSAS

This endorsement is issued as a part of the Policy and of any Certificates to which it is attached. Notwithstanding anything to the contrary in the Policy, the following changes and/or additions apply with respect to an Insured who resides in the state of Arkansas:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE. If you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in its sale, or if you have additional questions, then you may contact the insurance company at the above address or phone them at [1-800-xxx-xxxx]. If unable to obtain satisfaction from the company or agent, you may contact the state regulatory agency at [Arkansas Insurance Department, 1200 West Third Street, Little Rock, Arkansas 72201] or phone them at [1-800-852-5494 or 1-501-371-2640]. Please have your policy number available.

The following are added or changed:

DEPENDENT - means any of the following persons:

1. Your spouse;
2. Your unmarried child, from birth to age [26];
3. Each unmarried child at least [26] years of age who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap; who was incapacitated and insured under the Policy on his [26]th birthday; and who continues to be incapacitated beyond his [26]th birthday.

DOMESTIC PARTNER – Your partner who:

1. is not related to You by blood closer than permitted under applicable state marriage laws;
2. is not married and does not have any other domestic partners;
3. is at least eighteen (18) years of age and has the capacity to enter into a contract;
4. shares a residence with You;
5. is jointly responsible with You for the necessities of life and can produce documentation of at least three of the following as evidence of joint responsibility:
 - a. joint mortgage or joint tenancy on a residential lease;
 - b. joint bank account;
 - c. joint liabilities (e.g. credit cards or car loans);
 - d. joint ownership of significant property (e.g. cars, land, etc.);
 - e. naming of each other as primary beneficiary in wills or life insurance policies;
 - f. written notarized agreements or contracts regarding the relationship, showing mutual support obligations, or joint ownership of assets acquired during the relationship;
 - g. commitment to a long term relationship with the intention of remaining together indefinitely.

Unless otherwise noted, all references to spouse include Domestic Partner.

For a newborn child, You must notify Us and pay any required premium within the first 90 days after such birth for coverage to continue beyond the first 90 days after birth.

Any minor child under Your charge, care and control when a petition for adoption has been filed, will be covered from the date the petition is filed, if coverage is applied for within 60 days of such filing. Coverage for an adopted newborn child is from the moment of birth if applied for within 60 days after birth. Coverage ceases upon the dismissal or denial of a petition for adoption.

This endorsement takes effect and expires with the Policy and any Certificate to which it is attached. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.

Signed for on behalf of American Republic Insurance Company.

[*Michael E. Abbott*]

President

[*Margaret A. Brown*]

Assistant Corporate Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
AR RDB.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/07/2012
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
AUTH.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Certification of compliance	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
AR CoC.pdf			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: American Republic Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
AR3230(AR)01	*

*Achieves a score of 50+ when combined with the policy.



Elizabeth Powell
Senior Vice President

July 31, 2012
Date

July 31, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

American Republic Insurance Company

A handwritten signature in black ink, appearing to read "Elizabeth A. Powell". The signature is fluid and cursive, with the first name "Elizabeth" and last name "Powell" being clearly legible.

By: _____
Elizabeth Powell
Title: Senior Vice President _____

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: American Republic Insurance Company

Form Title(s): Endorsement

Form Number(s): AR3230(AR)01

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Elizabeth Powell
Senior Vice President

July 31, 2012
Date